

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045947

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11049

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILE NO. 92-1963

PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

7 days

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis-Little Rock  
Hospitals, Inc.,

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR  
TOWN

Maplewood,

Inside Limits

Yes ☐ No ☐

d. STREET

(If outside, give location)

7336 Myrtle Ave.,

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Dorothy

Middle

Josephine

Last

Riddle

4. DATE

OF  
DEATH

Month

Nov.

Day

7,

Year

1963.

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 3, 1892

9. AGE (last birthday)

71 yrs.

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Morganfield KY

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Riddle

13b. MOTHER'S MAIDEN NAME

Panola

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Edna C. Lee 600 No. 11th East St Louis Ill

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 wk

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

491X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis - Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct. 31, 1963

to Nov. 7, 1963

and last saw her alive on

Nov. 7, 1963.

Death occurred at

8:45 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.,

22c. DATE SIGNED

11-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

11/8/63

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Abbey

23d. LOCATION (City, town, or county)

St. Louis Missouri

(State)

24. FUNERAL DIRECTOR

E.J. Schnur Funeral Home-3125 Lafayette Ave.

ADDRESS

25. DATE RECD. BY LOCAL REG.

NOV 8 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATE OF OHIO

DEPARTMENT OF HEALTH

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

1911

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

NOT EMBALMED

Joseph F. Toller

Licensed Embalmer No. \_\_\_\_\_

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.